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COOK COUNTY	EVICTION DISCLOSURE FORM	I .
SHERIFF	SHERIFF OF COOK COUNTY – COURT SERVICES PLEASE FILL OUT THE FOLLOWING INFORMATION AND ENSI	URE THAT ALL CONTACT INCODMATIO
\vee	I DO NOT HAVE A LAWYER (Pro Se Litigant)	I AM AN ATTORNEY REPRESEN

(CITY AND ZIP)

2. ATTORNEY INFORMATION (If you do not have a lawyer, please leave this section blank):

ADDRESS

1. CASE NUMBER:

		Exhibit
		FOR OFFICE USE ONLY
THAT ALL CO	NTAC	T INFORMATION IS CORRECT.
		NEY REPRESENTING A CLIENT
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	PHON	E (CELL AND/OR DAY CONTACT NUMBER)
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OTIFICATION? YES		IE (CELL AND/OR DAY CONTACT NUMBER) NO By checking YES: Standard Data/SMS rates apply.]
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AINER ACTION	TA (2)	TACHED OD:
		F YES, PLEASE FILL OUT (A)-(C):
CUIT COURT:		OR:
CR ACTION(S) A		
as Served	Dat	te the Forcible Detainer was filed with the Clerk of the Circuit Court
LAY THE SCHE	DULIN	ORMATION IS IMPORTANT FOR <u>OFFICER</u> NG OF YOUR EVICTION.
IS THIS PERSON UNDER 14 YEARS OF AGE? (Check if applicable)		IS THIS PERSON DISABLED OR HAVE MENTAL HEALTH CONDITIONS? (Check if applicable and please explain)
VARE OF? YES	D N	0 🗆
	VACA	OR HAVE PETS, THE SHERIFF'S SOCIAL TING THE PROPERTY.

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A. MORTGAGE FORECLOSURE CASE NUMBER [CHANCERY DIVISION]: B. DATE THE NOTICE OF INTENT WAS SERVED: C. DATE THE FORCIBLE ACTION WAS FILED WITH THE CLERK OF THE CIRCUIT COURT: THIS IS A MORTGAGE FORECLOSURE ACTION WITH FORCIBLE DETAINER ACTION(S) ATTACHED. IF YES, PLEASE FILL OUT THE FOLLOWING: Forcible Detainer Case Number (Municipal Division) Date the Notice of Intent was Served Clerk of the Circuit Court OUTHOR BEST OF YOUR KNOWLEDGE, PLEASE LIST ALL OCCUPANTS OF THE PROPERTY. THIS INFORMATION IS IMPORTANT FOR SAFETY AND FOR POSSIBLE REFFERAL FOR SERVICES AND WILL NOT BE USED TO DELAY THE SCHEDULING OF YOUR EVICTION. LAST NAME FIRST NAME PHONE NO. OVER 65 YEARS IS THIS PERSON UNDER 14 YEARS IS THIS PERSON IS THIS PERSON UNDER 14 YEARS	
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OF AGE? (Check if applicable) OF AGE? (Check if applicable) OF AGE? (Check if applicable)	ITIONS?
11. ARE THERE ANY ANIMALS ON THE PROPERTY THAT OFFICERS SHOULD BE AWARE OF? YES \square NO \square IF YES, PLEASE LIST THEM:	
NOTE: WHERE OCCUPANTS ARE CHILDREN, ELDERLY, HAVE MENTAL HEALTH CONDITIONS, ARE DISABLED OR HAVE PETS, THE SHERIF WORKER WILL ATTEMPT TO NOTIFY AND COORDINATE WITH SOCIAL SERVICES TO ASSIST OCCUPANTS IN VACATING THE PROPERTY. 12. IS THERE ANYTHING ON SITE THAT MAY COMPROMISE OFFICER SAFETY? YES NO If so, please explain:	F'S SOCIAL
3. I HAVE READ THIS DISLOSURE AND COMPLETED IT TRUTHFULLY AND TO THE BEST OF MY KNOWLEDGE.	
NAME OF PERSON COMPLETING FORM (PRINT) SIGNATURE	
OTE. DESTRUCTION OF THE SIGNATURE	